Account Number:

Appointment Time:

Patient Last Name:

Patient Frist Name:

Patient Middle Name:

Date of Birth: (MM/DD/YY)

Provider Numder:

OK   Cancel   Help
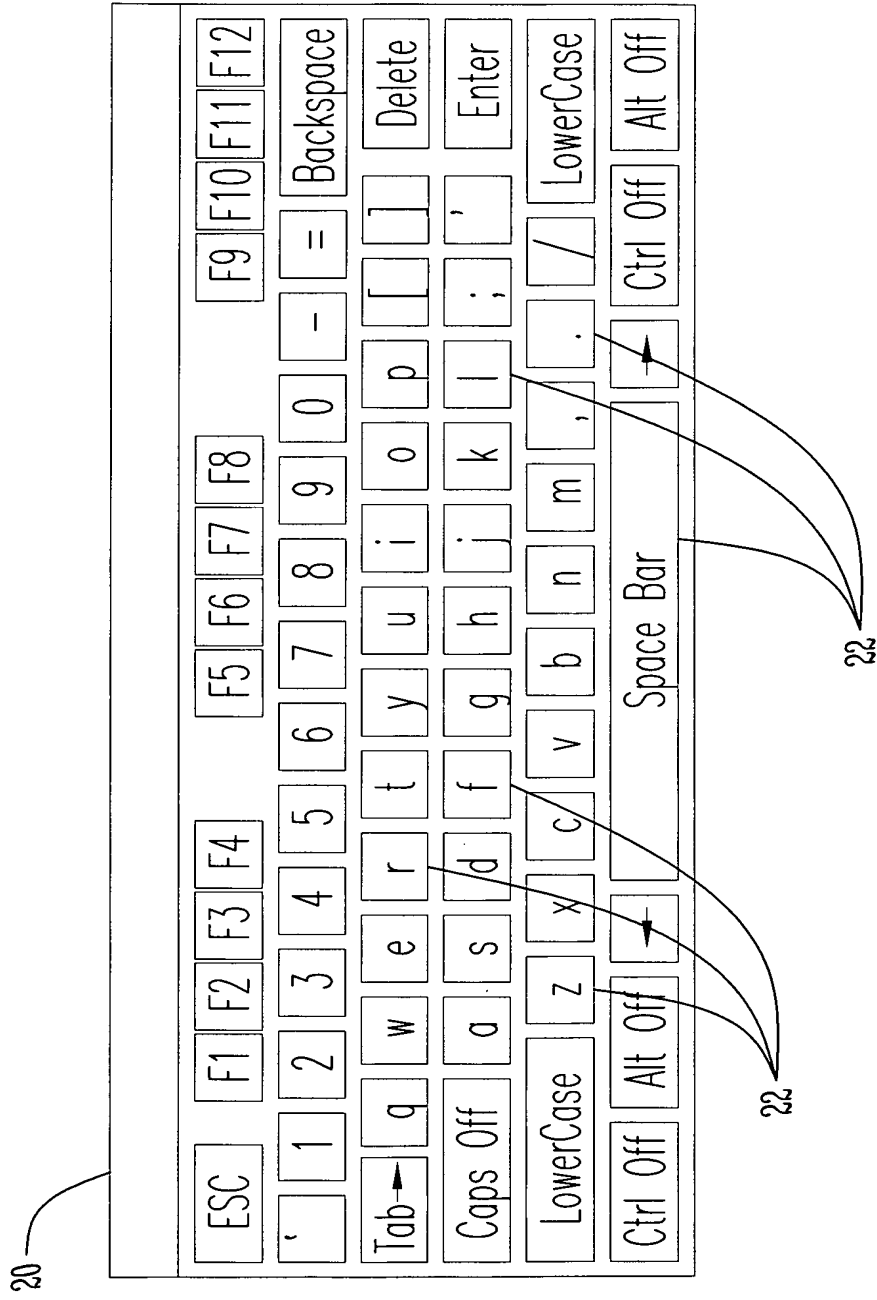
Fig. 1

Fig.2